

1 Pm

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lynn FORESTER

Application No.: 10/698,865

Group No.: 1711

Filed: October 30, 2003

Examiner: Travis Ribar

For: LAYERED HARD MASK AND DIELECTRIC MATERIALS AND METHODS THEREFOR

Mail Stop Amendment PO Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

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EXTENSION OF TERM

July In ad

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 do not apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING	:ā	ų.			:	FAC	CSIMILE	
ith the United	States	e Postal	Service	П.	trat	smitted by	facsimile to	,

with sufficient postage as first class mail in an envelope addressed to the PO Box 1450,

Alexandria, VA 22313-1450.

Date: September: 16, 2004: 48 (19 1) 11 12 12 12 12 12

Kristin J. Azcona

(Amendment Transmittal--page 1 of 2)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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	Official transfer						
	(Col.1)		(Col. 2)	(Col. 3)	SMALL E	NTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	15	Minus	20	= 0	x \$18 =	\$0.00	
Indep.	1	Minus	3	= 0	x \$80 =	\$0.00	
First Pres	sentation of N	Aultiple Dep	endent Claim		+ \$270 =	\$0	
					Total		

Total Addit. Fee \$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 502518. If any additional fee for claims is required, charge Account No. 502518.

Date: September 16, 2004

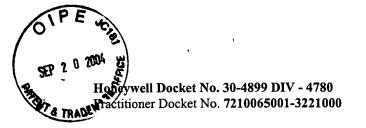
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Inventor: Lynn Forester

Serial No: 10/698,865

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Art Unit: 1711

RESPONSE TO OFFICE ACTION

MAIL STOP AMENDMENT COMMISSIONER OF PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Dear Sir:

This paper responds to the Notice of Non-Compliant Amendment dated August 16, 2004. Please enter the attached listing of all claims.

CLAIMS AMENDMENTS: Begin on Page 3

SPECIFICATION AMENDMENTS: None

FIGURES AMENDMENTS: None

REMARKS SECTION: Begins on Page 2